

BRIAN SANDOVAL

STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY ATHLETIC COMMISSION

KEITH KIZER

Executive Director

Governor

Chairman: Bill Brady

Members: Francisco V. Aguilar, Skip Avansino, T. J. Day, Pat Lundvall

REQUIREMENTS TO APPLY FOR A PROMOTERS LICENSE

- 1. Completed ORIGINAL application and one copy of the entire application package.
- 2. One fingerprint card and a Civil Applicant Waiver for each officer of the corporation, partnership or the sole proprietor. Each card must be filled out completely. Along with each card you must submit a CERTIFIED CHECK or MONEY ORDER made payable to <u>Department of Public Safety</u> in the amount of <u>\$37.50</u>. The card is submitted to the Department of Public Safety and FBI for background checks and require 60 to 90 days for the information to be returned to us. Please submit immediately if you want to cut down on the time required to obtain a license.
- 3. Two years income tax returns corporate or individual depending on business structure.
- 4. \$500 Application fee will be collected upon approval of the application and completion of bond requirement.
- 5. \$10,000 dollar Refund and License bond.
- 6. A representative of the organization to be licensed must be present at a scheduled commission meeting when the application for licensure is discussed.
- 7. You must submit any additional information requested by the commission.
- 8. All requests for dates to promote must be made in writing and submitted to the commission office as far in advance as possible, as they require commission approval.

If you have any additional questions please contact our office at (702) 486-2575.

555 East Washington Avenue, Suite 3200 Las Vegas, NV 89101-1046 Telephone: (702) 486-2575 *** Fax: (702) 486-2577 http://boxing.nv.gov

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License No)		
Cash	M.O	Check	
Number			
Receipt No	ımber		

APPLICATION FOR A NEVADA PROMOTER'S LICENSE (To be typewritten)

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(a)	Trade name	used	rax #			[iaii auui			
		applicant is a:				Part	nership		-	
-		wing (if the app n as that reques		•	ership, or oth	er forn	n of bus	iness org	anizatio	on, furnisl
(a)	State of inc	corporation:					Date	1	····	
		f qualificatio			business	in	the	State	of	Nevada
(c)	record by e	e list of all sto each is filed hero No		, partn	ers showing	the n	umber	of shares	/intere	st held o
(c)	record by e	each is filed here	ewith:	,	-				•	
	record by e Yes If no, state List below shareholde	each is filed hero No	informat	ion wit	th respect t	o all ¡	oartners require	, directo	rs, offi	icers, and
(c) (d)	record by e Yes If no, state List below shareholde Personal H	each is filed here No e reasons: the following ers. Each of the	informat	ion wit	th respect t	o all ¡	oartners require	, directo	rs, offi	icers, and
	record by e Yes If no, state List below shareholde Personal H	e reasons: the following ers. Each of the istory Record, a	informat	ion wit	th respect t	o all phay be alire, a	partners require nd finge	, directo	rs, offi nplete pressio	icers, and and file a
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(d)	record by e Yes If no, state List below shareholde Personal H	e reasons: the following ers. Each of the istory Record, a	informat individua Personal	ion wit als nar Financ	th respect t	o all phay be alire, a	partners require nd finge	, directo d to con rprint im	rs, offi nplete pressio	icers, and and file a
(d)	record by e Yes If no, state List below shareholde Personal H	each is filed here No e reasons: the following ers. Each of the istory Record, a JLL NAME fore me the	informat individua Personal	ion wit als nar Financ	th respect t	o all phay be alire, a	partners require nd finge	, directo d to con rprint im	rs, offi nplete pressio	icers, and and file a

AFFIDAVIT OF FULL DISCLOSURE

STATE OF)	
COUNTY OF)	
being first d	uly sworn, deposes and says,
That, except as reflected on an application filed with will be the sole beneficial owner of any direct or indirect in has made application to the Nevada State Athletic Commission	terest in or to a promoter's license for which he
That, except such as have been reported in writin has no agreements or understandings with any other po- nominee or otherwise any direct or indirect interest whatso of suitability by the Nevada State Athletic Commission;	erson and no present intent to hold as agent,
That, except such as have been reported in writin has no agreements or understandings with any other perso time any interest whatsoever in or to the promoter's licens Athletic Commission;	n and no present intent to transfer at any future
That, except such as have been reported in writin has no agreements or understandings with any other permoney or give anything of value as, including but without person related to the acquisition or sale of any direct or inclicense for which he seeks licensing or a finding of suitability	son and no present intent to pay any sums of t limitation, a finder's fee or commission to any direct interest whatsoever in or to the promoter's
That any funds used or to be used, and any liab acquisition of any direct or indirect interest in or to a pro Nevada State Athletic Commission were not provided to his of anyone not disclosed to the Nevada State Athletic Comm	moter's license or a finding of suitability by the m nor made available to him through the efforts
That, except as reported in writing to the Nevada provided collateral for or guaranteed payment of any localicensing or a finding of suitability by the Nevada State Athle	ans made to him related to his application for
	Applicant
	Name and Location of Company
Subscribed and sworn to before me this	
day of,	
Notary Public	
•	

APPLICANT'S REQUEST TO RELEASE INFORMATION

TO:	
FRO	M:
	Applicant's Name
1.	I hereby authorize and request all persons to whom this request is presented having information relating to or concerning me to furnish such information to a duly appointed agent of the Nevada State Athletic Commission, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
whe	 I hereby authorize and request all persons to whom this request is presented having documents relating to or cerning me to permit a duly appointed agent of the Nevada State Athletic Commission to review and copy any such documents ther or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law ilege.
Con inclu	3. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financia tution, or any officer of same, I hereby authorize and request that a duly appointed agent of the Nevada State Athletic amission be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to meading but not limited to past loan information, notes co-signed by me, checking account records, savings deposit records, safe osit box records, passbook records and general ledger sheets.
true	4. I do hereby make, constitute, and appoint any duly appointed agent of the Nevada State Athletic Commission my and lawful attorney-in-fact for me in my name, place, stead, and on my behalf and for my use and benefit:
	 (a) To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might; and (b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request; and
	(c) To place the name of the Nevada State Athletic Commission agent presenting this request in the appropriate location or this request.
5.	I grant to said attorney-in-fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, an fully to al intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney-in-fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
6.	This power of attorney ends eighteen (18) months from the date of execution.
7.	I have filed with the Nevada State Athletic Commission an "application" as that term is defined in NRS 467.080. I understand that I am seeking the granting of a privilege and acknowledge that the burden of proving my qualifications for a favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism, or other action of financial loss which may result from action with respect to this application.
8.	I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against the person to whom this request is presented or his agents or employees arising out of or by reason of complying with this request.
9.	I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.
10.	A reproduction of this request by the Xerox or similar process shall be for all intents and purposes as valid as the original.
	IN WITNESS WHEREOF, I have executed this request at,
-	, on the day of, City State
	Applicant's Signature Subscribed and sworn to before me the

Signature

Notary Public in and for the County of ______ State of_____

NEVADA STATE ATHLETIC COMMISSION

Date:_____

PROMOTER'S LICENSE AND REFUND BOND

(NRS 467.080)

KNOW ALL	PERSONS I	BY THESE	PRESENTS:	That	we,			of
			_ as Principa	l, and			, a c	orporation
organized ur	nder the laws	of the Stat	e of		and a	authorized to tr	ansact suret	y business
in the State	of Nevada,	as Surety,	are held and	d firml	y bou	and unto the p	people of the	e State of
Nevada in t	he Sum of ${\sf T}$	Геп Thousa	nd Dollars (S	10,00	0), la	wful money of	f the United	States of
America, for	the paymer	nt of which	, well and ti	ruly to	be r	made, we bind	l ourselves,	our heirs,
executors, a	dministrators	, successors	s and assigns	, jointl	y and	l severally, firm	ly by these p	oresents.

THE CONDITIONS of the above obligation is such that:

WHEREAS, the above bounded Principal has made application to the State Athletic Commission of the State of Nevada for a license as a unarmed combat promoter to carry on the business of unarmed combat contests in the State of Nevada, in accordance with the provisions of NRS Chapter 467;

NOW THEREFORE, if said Principal shall faithfully perform and well and truly comply with provisions of NRS Chapter 467 of the State of Nevada, and any and all amendments thereto, and the rules and regulations of the State Athletic Commission of the State of Nevada, adopted pursuant thereto, together with all and any amendments thereto, and shall well, and truly, pay the fees imposed, then this obligation is to be void, otherwise to remain in full force and effect.

This bond is subject to the following provisions:

- 1. That any person, firm or corporation who sustains an injury covered by this bond may, in addition to any other remedy that he may have, bring an action in his own name upon this bond for the recovery of any damages sustained by him. No such suit shall be a bar to a suit brought upon this bond by the people of the State of Nevada.
- 2. This bond is continuous in form and shall remain in full force and effect for said license period and for all and any renewals thereof unless terminated by the Surety by thirty days (30) notice by registered mail addressed to the State Athletic Commission at its office in Las Vegas, Nevada, and by thirty days (30) notice by registered mail addressed to the Principal at the business address of the Principal hereinabove set forth. Such cancellation shall not affect any liability incurred or accrued hereunder prior to the termination of said thirty-day (30) period.
- 3. The above bounded Principal will comply with the rules promulgated by the State Athletic Commission of Nevada, which rules provide that each club, corporation, organization or association granted a license in the State of Nevada to hold boxing, karate or wrestling matches, contests or exhibitions must furnish every purchaser of tickets of admission, a coupon, stub or check showing the date, name of the club, and the amount paid for same, the said coupon, stub or check to be retained by purchasers and redeemed by said club, corporation, organization or association at its face value in case advertised contest is postponed, or cancelled, and that the above bounded Principal will insure reimbursement to the purchasers of tickets for such contests; and

- 4. In the event that the above bounded Principal fails to comply with each and every provision of the herein before mentioned rule that the Surety herein named will pay to the Athletic Commission of Nevada, within fifteen (15) days after any advertised contest, in the event of postponement or cancellation, any money or moneys due by reason of said postponement or cancellation.
- 5. The State Athletic Commission of Nevada hereby is given a right to enforce the terms of this bond for the use and benefit of any person who may suffer loss by reason of the failure by the Principal to carry out the terms of this obligation.
- 6. IT IS UNDERSTOOD AND AGREED, that the State Athletic Commission of Nevada herein and any and all persons for whose benefits, rights and protection a suit or action may be brought herein, may join the Principal and Surety herein as defendants in said suit or action.
- 7. The total aggregate liability under this bond is limited to the sum of Ten Thousand Dollars (\$10,000).

IT IS UNDERSTOOD AND AGREED that this bond is to run for and during the period of the license hereinabove mentioned, but shall continue and remain in like force and effect thereafter, for each annual renewal of said license. But this bond may be cancelled at any time at the instance of the Surety by its giving to such Athletic Commission a thirty (30) days' written notice of its desire to be released from further liability, on this bond.

IN WITNESS WHEREOF, the said Principal at,	nd Surety have hereunto set their hands and seals	this
Surety	Principal	-
By: NEVADA RESIDENT AGENT:		
Ву:		
(Name and Address)		



Jim Gibbons Governor **Keith Kizer** *Executive Director*

RELEASE OF ALL CLAIMS

I have filed with the Nevada State Athletic Commission an "application," as that term is defined in NRS 467.080 of the Nevada State Athletic Commission. In consideration of the assurance by the Board that no vote on my application will be taken except after a deliberate, intensive and thorough investigation of me, including but not limited to my background, associates, and finances, I do for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the State of Nevada and the Nevada State Athletic Commission, its members, agents, and employees, from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to my application.

I have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have execu	uted this releas	se in	
,		City	
, on the	_ day of	, 20	•
State			
		pplicant's Signature	
Subscribed and sworn to before me the			
, day of,,			
Signature			
Notary Public in and for the County of	, Sta	ite of	

STANDARD FORM TO CONFIRM ACCOUNT BALANCE INFORMATION WITH FINANCIAL INSTITUTIONS

ORIGINAL *TO BE MAILED TO THE NEVADA STATE ATHLETIC COMMISSION*

					CUSTOMER NAME		
Financial Institution's Name and Address: 1. At the close of business on the date listed above. Our records in				We have provided to our accountants the following information As of the close of business on, regarding our deposit and loan balances. Please confirm the accuracy of the information, toting any exceptions to the information provided. If the balances have ban left blank, please complete this form by furnishing the balance in the appropriate space below. * Although we do not request nor expect you to conduct a comprehensive, detailed search of your records, if during the process of completing this confirmation, additional information about other deposit and loan accounts we may have with you comes to your attention, please include such information below. Please use the enclosed envelope to return the form directly m our agent.			
ACCOUNT N			os indicated th	INTEREST RATE	BALANCE *		
2. We were directly liable to	the financial instit	ution for loans a	at the close of I	DATE THROUGH	-		
ACCOUNT NO./ DESCRIPTION	BALANCE*	DATE DUE		WHICH INTEREST IS PAID	DESCRIPTION OF COLLATERAL		
ACCOUNT NO./ DESCRIPTION	BALANCE*	DATE DUE	RATE	WHICH INTEREST IS PAID	DESCRIPTION OF COLLATERAL		
DESCRIPTION CUSTOMER'S AUTHORIZED S	SIGNATURE		DATE	IS PAID	COLLATERAL		
CUSTOMER'S AUTHORIZED S The information presented comprehensive, detailed sea	SIGNATURE above by the cus	stomer is in ag	DATE greement with	IS PAID our records. Although	we have not conducted a		
	GIGNATURE above by the currich of our records	stomer is in ag s, no other dep	DATE greement with	our records. Although accounts have come to our	we have not conducted a		

PLEASE RETURN THIS FORM DIRECTLY TO:

Nevada State Athletic Commission 555 East Washington Ave., Suite 3200 Las Vegas, NV 89101-1046

^{*} Ordinarily, balances are intentionally left blank if they are not available at the time form is prepared.

STATEMENT OF ASSETS

AS OF		
-------	--	--

List all assets, both tangible and intangible on the appropriate line below. Enter the amount as of the date of this statement. Each listed asset must be described fully on the appropriate schedule.

		ORIGINAL COST/ INVESTMENT	MARKET VALUE
ASSET	-S:		
	Cash on Hand	\$	\$
	Cash in Banks (Schedule "A")		
	Accounts and Notes Receivable (Schedule "B")		
	Stocks and Bonds (Schedule "C")		
	Business Investments (Schedule "D")		
	Real Estate (Schedule "E")		
OTHE	R ASSETS:		
	(Schedule "F")		
	TOTAL ASSETS	\$	\$

Applicant's Initials_____

PERSONAL FINANCIAL QUESTIONNAIRE

Nam	ne,, Date,
Addr	ress
Subr	mitted in connection with application for a promoter's license.
1.	Do you anticipate active participation in the management and operation of the promotions? Yes No
2.	Have you ever filed bankruptcy? Yes No If yes, furnish details on separate sheet.
3.	Has your Federal Income Tax Return ever been audited or adjusted? Yes No
4.	Supply last two years' Federal Income Tax Returns.
5.	Do you own or control any assets or liabilities located outside the United States? Yes No
6.	Do you control, manage or hold in trust any assets or liabilities for another person or entity? Yes No
7.	Annual Income \$
	Salary Interest Dividends Other (Describe in Detail)
8.	List all assets and liabilities on the attached schedules. (Attach additional schedules or forms, if necessary.)
9.	Supply personal financial statements for the last two years.
10.	All Applicants may be required to provide the Commission with updated financial information on the current fiscal status of their company two (2) weeks prior to the

Commission hearing on this application.

SCHEDULE "A"

Cash in Banks

List below all accounts, foreign and domestic, maintained by you, your spouse or dependent children.

Name and Address of Bank

SCHEDULE "B"

Accounts and Notes Receivable

List below all accounts and notes receivable held by you, your spouse or dependent children. Indicate by means of an asterisk (*) in the first column, accounts and notes receivable held by your spouse and/or dependent children.

Name and Address of Debtor				
Date Incurred				
Original Amount				
Unpaid Balance				
Date Incurred Original Amount Unpaid Balance Payment/Period Rate				
Interest Rate				
Maturity Date				
Purpose				
Collateral				

SCHEDULE "C"

Stocks and Bonds

stocks and bonds held by your spouse or dependent children. so held. INDICATE PUBLICLY TRADED STOCKS AND BONDS BY AN ASTERISK(*). Indicate by means of a double asterisk (**) next to the first column all interest in a trust, the stocks and bonds held in such trust shall be listed if you, your spouse or dependent children have knowledge of what stocks and bonds are mutual fund or holding company, the stocks held by such mutual fund or holding company need not be listed; whenever such interest exists through a beneficial List below the information requested for all stocks and bonds held or controlled by you, your spouse or dependent children. Whenever interest exists through a

			Issuer
			Туре
			No. of Shares or Units
			Purchase Price
			No. of Shares or Units Purchase Price Date of Purchase
			Name in Which Held
			Market Value

SCHEDULE "D"

Business Investments

List below the information requested regarding any business investments in which any direct, indirect, vested, or contingent interest is held by you, your spouse or dependent children, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein. This should include but not be limited to joint ventures, partnerships, sole proprietorships and corporations.

Entity Name Ty	/pe of Entity	or Units	Percent of Ownership	No. of Shares Percent of Purchase Dale of Type of Entity or Units Ownership Price Purchase	Dale of Purchase	Name in Which Held	Individuals or Entities Sharing Interest and Percentage Ownership

SCHEDULE "E" Real Estate

spouse or dependent children, along with the name of all individuals or entities who share a direct, indirect, vested or contingent interest therein List below the information requested regarding any real property in which any direct, indirect, vested, or contingent interest is held by you, your

 	 		 		_
				Address/Location	שויים בין שביים בין שויים שויי
				Туре	8
				Size	
				Purchase Price/ Date of Improvements at Cost Purchase	
				Date of Purchase	200 1110
				Other Owners	יומי כ מ מוי ככין וומוי ככין עכטיכם טו
		·		Ownership Percent	20110110
				Income	וווינינו כטר נו
				Income Market Value	TICI CITI.

SCHEDULE "F" Other Assets

the first column those assets held by your spouse or dependent children. (i.e., automobiles, personal property, cash surrender value of life List below the information requested for all other assets held by you, your spouse or dependent children. Indicate by means of an asterisk (*) in

insurance policies, pension plans, etc.)

	 	 	,	
				Type of Asset
				Purchase Price
				Date of Purchase
				Market Value
				Other Information

SCHEDULE "G"

Notes Payable

List below the information requested for all notes payable for which you, your spouse or dependent children are obligated. Indicate by means of an asterisk (*) in the first column those notes for which your spouse or dependent children are obligated.

			Name and Address of Creditor
	-		Date Incurred
			Original Amount
			Unpaid Balance
			Payments/Peri od
			Interest Rate
			Maturity Date
			Purpose
			Collateral

SCHEDULE "H"Mortgages Payable

List below the information requested for all mortgages or liens payable on real estate for which you, your spouse or dependent children are obligated. Indicate by an asterisk (*) in the first column those mortgages/liens for which your spouse or dependent children are obligated.

SCHEDULE "I"

Other Liabilities

List below the information requested for any other indebtedness for which you and/or your spouse or dependent children are obligated. Indicate by means of an asterisk (•) in the first column any indebtedness for which your spouse or dependent children are obligated.

			Name and Address of Creditor
			Date Incurred
			Original Amount
			Unpaid Balance
			Payment/ Period
			Interest Rate
			Maturity Date
			Purpose
			 Description of Liability
			Collateral

SCHEDULE "J"Contingent Liabilities

List below the information requested for all contingent liabilities for which you and/or your spouse are obligated. Indicate by means of an asterisk (*) in the first column those contingent liabilities for which only your spouse is obligated.

			Name and Address of Creditor
			Date Incurre d
			Original Amount
			Unpaid Balance
			Unpaid Balance Payment/Perio d
			Interest Rate
			Maturity Date
			Purpose
			Collateral
			Persons Liable Besides You and/or Your Spouse

PERSONAL HISTORY RECORD

Date:	

Applicant's initials_____

GENERAL INSTRUCTIONS:

Personal information is required of all individuals listed in section 3(d) of the APPLICATION FOR A NEVADA PROMOTER'S LICENSE.

Type an answer to every question. If a question does not apply to you, so state with "N/A" (Not Applicable). If space available is insufficient, continue on a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. The Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the Applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for refusal or revocation of a license.

All applicants are further advised that an application for a promoter's license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Name and Address of Company Requesting License: 1. PERSONAL INFORMATION: First Name Last Name Middle Name Aliases, Nicknames, Maiden Name, Other Name Changes (Legal or otherwise) Present Residence Address - Since Date of _____ Street or RFD City-Post Office State/Zip Present Business Address - since the date of Street or RFD City-Post Office State/Zip Occupation: Phone: Residence (____)___ Business (____)____ Date of Birth: _____ Place of Birth:____ (City, County, State) Age: _____ Social Security No. _____ Sex ____

Color of Eyes	Color of Hair	Complexion		
Weight	Build	Heio	ght	
Are you a citizen of the United If alien, Registration No.				
If naturalized, Certificate No. Place	(If natural	lized, document mus	Date t be verified)	
2. EDUCATION:				
Name of School	Location	Dates At	tended	Graduate
Grammar				Yes
				No
High School				Yes
				No
College				Yes
University				Ye
No				
Other				Ye
No				
Type of degree obtained, if a	ny			
3. MILITARY INFORMA	ATION:			
Have you ever served in any	armed forces?	Yes	No	-
Branch		Date of entry-ac		
Date of separation		Type of discharg	je	
Rating at separation		Serial number _		
While in the military service,	were you ever arrested f	or an offense that re	esulted in summ	nary action, a
trial, or special or general cou	rt martial?			
Yes No 1	f yes, furnish details belo	w.		
		essurem and the		
	······································	Applicant's	s initials	·

	event? (Ex	cept minor traf	ffic citations.) Ye	s No	dless of the disposition of the disposition of the disposition of the disposition.
of st	Age	Charge	Location (City/State)	Disposition	Arresting Agency
В.	you were r		in which you were	r been filed or returne e named as an unindi	ed against you, but for whic cted co-party?
C.	commissio	ever been q n or committee No	e?	city, state, federal o	r law enforcement agency
D.			poenaed to appear n? Yes No		ederal, state, or county gran
E.	Have you	ever had a civil	or criminal record	d expunged or sealed	by a court? Yes No _
⊏.	If ves. who	en?	and where?	(city and state)	
Е.	/ CO/				
с. F.		ever received a	a pardon for any c	riminal offense? Yes _	No

Applicant's initials_

nt Court/Ca	co No. (City and State	Diene	sition
nc Courty Ca	se No.	Lity and State	bispc	Sidon
s you have had	for the la	st 10 years.		
e Street & I	Number		City	State or C
				975-00
			, , , , , , , , , , , , , , , , , , , ,	
		· · · · · · · · · · · · · · · · · · ·		

			···	

Applicant's initials___

6. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder, or related capacity.

I.		
	Month & Year (From/To)	Name/Mailing Address of Employer/Business
	Title	Description of Duties
	Reason for Leaving	Name of Supervisor
II.		
	Month & Year (From/To)	Name/Mailing Address of Employer/Business
	Title	Description of Duties
	Reason for Leaving	Name of Supervisor
III.		
-	Month & Year (From/To)	Name/Mailing Address of Employer/Business
	Title	Description of Duties
	Reason for Leaving	Name of Supervisor
IV.		
	Month & Year (From/To)	Name/Mailing Address of Employer/Business
	Title	Description of Duties
	Reason for Leaving	Name of Supervisor

Applicant's initials_____

6. EMPLOYMENT-CONTINUED

V		
_	Month & Year (From/To)	Name/Mailing Address of Employer/Business
	Title	Description of Duties
	Reason for Leaving	Name of Supervisor
VI.		
	Month & Year (From/To)	Name/Mailing Address of Employer/Business
	Title	Description of Duties
	Reason for Leaving	Name of Supervisor
VII.		
	Month & Year (From/To)	Name/Mailing Address of Employer/Business
	Title	Description of Duties
	Reason for Leaving	Name of Supervisor

7. CHARACTER REFERENCES:

List five (5) character references who have known you five (5) years or more. Do not include relatives, present employer, or employees. At least one of the character references must reside in the State of Nevada. Additionally, the Applicant must provide each listed character reference with a copy of the "Letter of Reference," which is included in this application packet, and request each character reference to promptly complete the Letter and send it to the Commission.

Name & Where Employed	<u>Street</u>	<u>City/State</u>	<u>Zip</u>	<u>Telephone</u>	Years <u>Known</u>
Name	Home			()	
Employer	Business			()	

applicant's initials	<u> </u>
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7. CHARACTER REFERENCES - CONTINUED:

Name & Where <u>Employed</u>	<u>Street</u>	City/State	<u>Zip</u>	<u>Telephone</u>	Years <u>Known</u>
Name	Home			()	
Employer	Business			()	
Name & Where Employed	Street	<u>City/State</u>	<u>Zip</u>	<u>Telephone</u>	Years <u>Known</u>
Name	Home			()	
Employer	Business			()	
Name & Where <u>Employed</u>	<u>Street</u>	<u>City/State</u>	<u>Zip</u>	<u>Telephone</u>	Years <u>Known</u>
Name	Home			()	
Employer	Business			()	
Name & Where Employed	<u>Street</u>	City/State	<u>Zip</u>	<u>Telephone</u>	Years <u>Known</u>
Name	Home			()	
Employer	Business			()	
8. Have you ev	er held a privileged or lice	ense in any s	tate, inclu	ding but <u>not</u> lii	mited to the
Liquor Doctor Lawyer Accountant	Boxing Promoter Kickboxing Promoter Wrestling Promoter Trainer or manager		Real est	es dealer ate broker or sa rse/race dog ow	
Yes No					
If yes, state the type ever been <u>any</u> discipli	of license, issuing jurisdiction inary actions taken against you	on, and years hou or your licer	neld, and al	so state whethe	r there have
			Applicant's	initials	

9.	Nevada		ld a financial interest in a promoter venture, OUTSIDE the State of
			nere and give names and locations of the businesses in which you were dresses of all partners:
		of Nevada	eared before any licensing agency or similar authority in or , for any reason whatsoever? Yes No rate page.
11. that h	-		refused a promoter's license or been a participant in any group noter's license?
Yes	No	If yes, 	where, when and for what reason
12	that has be	en issued No	granted a promoter's license or been a participant in any group a promoter's license by the State of Nevada? If yes, state type of license, name of licensee, location and period
13. indust			tives associated with or employed in the boxing or kickboxing If yes, state name, relation, and association or employment
	les, but is	not limite	t provide the Commission with a detailed Business Plan, which d to, a plan that outlines both the operational and financial otion service to be provided.

15.	Attach Photograph taken within last 30 days.	
Date	of photograph	
Date	or priotograpir	Applicant's initials

BUSINESS QUESTIONNAIRE

(Applicant must answer each question fully. Attach additional sheet(s), if necessary.)

What is your level of experience in the sport(s) of unarmed combat? ———————————————————————————————————
2. Why do you want to be a promoter in Nevada?
3. Do you have any financial backers or any partners for this business endeavor? If so, do they have a background in the sport(s) of unarmed combat?
4. What experience do you have with <u>any</u> type of promoting?
5. What experience do you have with promoting the sport(s) of unarmed combat?

have you ever	had <u>any</u> type of promoter's license in Nevada or any other state? If so had a promoter's license suspended, revoked, conditioned, limited, or icted for any reason?

7. Do you have a	ny fighters under contract?
,	
3. Have you had a combat in Nevada	any formal contact with any potential sites for contests of unarmed a?
). Have you ever	been in litigation over a promotion or with a fighter?
Philippin and the second secon	
0.Please attach a	list of the names, addresses and telephone numbers of four
	ences. At least one of the business references must reside

(4) business references. At least one of the business references must reside in the State of Nevada. These references may <u>not</u> be any of the individuals you named as character references in Item 7 of your Personal History Record. Additionally, you must provide each listed business reference with a copy of the "Letter of Reference," which is included in this application packet, and request each business reference to promptly complete the Letter and send it to the Commission.

LETTER OF REFERENCE

Nevada Athletic Commission 555 East Washington Avenue Suite 3200 Las Vegas, NV 89101-1046

Dear Nevada Athletic Commission:		
I have been asked by	for a letter of reference rega	rding his/her
application for a promoter's license fi	rom the Nevada Athletic Commission.	
and	(Years) (Months) y, character and reputation is as follows:	
NAME, ADDRESS AND OCCUPATION	Signature	
	(Name)	
	(Address)	
	(City, State, Zip Code)	
	(Telephone Number)	
	(Occupation)	